## New 101k State Department of Wotor Venicles APPLICATION FOR LICENSE PLATES OR PARKING PERMITS

FOR PERSONS WITH SEVERE DISABILITIES

st Name	First		M.I.	Telephone No.
dress: No. & Street	Apt. No.	City	State	Zip Code
te of Birth / /	☐ Male ☐ Female	I am applying for:	☐ License Plates	☐ Parking Permit
	on with Disability or Signature ationship to the person with the disac		If signed by parent or guardian	(Date)
	<b>ERTIFICATION</b> – This section Please certify whether the patient's a			f Osteopathy (DO) or Doctor of
TEMPORARY DI the aid of an assis device. (Temporary	at describe the disability, and ISABILITY: A person with a testing device, such as a brace, by permits are issued for periods	temporary disability is any cane, crutch, prosthetic de s of six months or less.)	evice, another person, wheeld Expected Recovery Date	chair, walker or other assistive
What assistive de	vice is needed?			
Disabilities or cond Diagnosis:  Uses portable of Neuromuscular Severely limited Restricted by lusis less than one Has a physical of Unusual hardship	l in ability to walk due to an art	t mobility.  Limited or no use of on ts mobility  Class I thritic, neurological or orthat forced (respiratory) expansion is less than sixty mmon not listed above which catation and prevents the period of the sixty in	Please check to e or both legs Unable II or IV cardiac condition (Anopedic condition piratory volume for one second hyporomair at rest constitutes an equal degree or	the conditions that apply:  e to walk 200ft. without stopping the American Heart Assoc. standards and, when measured by spirometric disability and which imposes
MD/DO/DPM Na	ame		Pro	fessional License No.
MD/DO/DPM Ad	ldress		Tele (	phone No.
	(MD/DO/DPM Sign	nature)		(Date)
art 3 FILE INFO	RMATION (For Issuing Agent	Use Only):		
PERMIT:   Per	manent 🗆 Temporary <b>F</b>	Parking Permit No.		Issuance Date:
□ First □ Sec	ond (Issued only at discretion of the	he issuing agent.)	F	Expiration Date:
☐ Denied ☐ Rev	oked (Reason):			